



New Jersey Office of the Attorney General

Division of Consumer Affairs
New Jersey State Board of Architects
124 Halsey Street, 3rd Floor, P.O. Box 45001
Newark, New Jersey 07101
(973) 504-6385



Licensure by Credentials Application Requirements and Instructions

Dear Applicant:

Please be advised that the following are the requirements for Licensure by Credentials in the State of New Jersey.

Education Requirements -

Pursuant to N.J.S.A. 45:3-5 and N.J.A.C. 13:27-4.5 applicants shall be regarded as having fulfilled the education requirement if he/she has a baccalaureate or master's degree in architecture from a university, college, or technical school which has an architectural program accredited by the National Architecture Accrediting Board or if the applicant has completed education which the Board deems to be equivalent to an accredited full course in architecture. Any applicant, who on or before July 1, 1987, fulfills the education requirement or the experience or experience and partial schooling equivalent requirements in effect immediately prior to the effective date of this 1987 amendatory act, shall also be regarded as having fulfilled the education requirement.

Experience Requirements -

Pursuant to N.J.A.C. 13:27-4.5 all applicants must present evidence of successful completion of at least three (3) years in the Architectural Experience Program (AXP) administered by the National Council of Architectural Registration Boards (NCARB). The applicant shall be regarded as having fulfilled the experience requirement if he/she demonstrates three years or more of experience related to architecture. The three years of experience cannot be attained in less than thirty-six (36) calendar months.

Examination Requirements -

Pursuant to N.J.A.C. 13:27-4.5 all applicants must document passing the Architectural Registration Examination (A.R.E.), or a combination of exams, equivalent to the ARE. Licensure based on an oral interview or a foreign registration is unacceptable.

Please note: In cases where the applicant has been granted a registration or a license in another United States jurisdiction on the basis of education, training and examination requirements that are not substantially equal to those required in this State, the applicant may be granted a license if the applicant can demonstrate that he or she possesses the education, training and examination requirements as set forth in N.J.A.C. 13:27-4.1, or their substantial equivalents.

Direct applicants – Licensure by Credentials

Applicants applying for License by Credentials directly from their base state: In addition to filing the required application, applicants must furnish the Board with the following:

- Application fee of \$75.00, payable by check or money order.
- Attach a 2x2 clear photograph taken within the last six months.
- Send additional/supporting documents if you answered 'Yes' to any of the questions #6 through #15 of the application.
- At the request of the applicant - Letter of Certification sent directly from your base state to this office; stating how your license was obtained, by what examination and the grades received.
- At the request of the applicant - College transcripts sent directly from the college(s) to this office. **If transcript is under maiden name, it is the applicant's responsibility to contact the State Board of Architects and notify the staff in order to properly match your records.**
- Applicant must present evidence of successful completion of at least three (3) years in the Architectural Experience Program (AXP).
- Work references from three (3) architects who are personally acquainted with your professional abilities. The person seeking to practice architecture must provide a list of the names and addresses on the application and the Board will forward the work reference form to the individuals to be completed and returned to the Board.

NCARB applicants - Licensure by Credentials

Applicants applying for License by Credentials through NCARB: In addition to filing the required application, applicants must furnish the Board with the following:

- Applicants must be certified by the National Council of Architectural Registration Boards (NCARB). Please contact NCARB and have your file (Blue cover record) forwarded directly to this office, if you have not already done so.
- Application fee of \$75.00, payable by check or money order.
- Attach a 2x2 clear photograph taken within the last six months.
- Send additional/supporting documents if you answered "Yes" to any of the questions #6 through #15 of the application.
- Applicants must complete the Architectural Experience Program (AXP), formerly known as the Intern Development Program (IDP) training criteria and value units as administered by National Council of Architectural Registration Boards (NCARB). Applicants for registration shall present evidence of successful completion of AXP as administered by NCARB.

National Council of Architectural Registration Boards

1401 H Street NW Suite 500
Washington, DC 20005
Telephone: 202-783-6500
Customer Relations: 202-879-0520
Fax: 202-783-0290
E-mail: customerservice@ncarb.org
www.ncarb.org

All foreign architectural degree holders and non-NAAB-accredited degree holders, prior to filing their application, must have their degree evaluated and are advised to contact ESSA-NAAB program section at 202-783-2007 or visit the website at <https://www.naab.org/eesa/> and forward their college transcripts for evaluation to:

National Architectural Accrediting Board

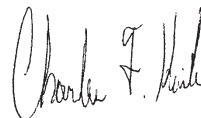
1735 New York Ave, NW
Washington, DC 20006
Telephone: 202-783-2007
Fax: 202-783-2822
E-mail: info@naab.org
www.naab.org

Pursuant to N.J.A.C. 13:27-4.2 this evaluation must attest that the foreign and non-NAAB accredited degree is at least the substantial equivalent of a Bachelor of Architecture degree in the United States, to be considered acceptable by the Board. The evaluation must be mailed directly from the National Accrediting Architectural Board to the National Council of Architectural Boards at the request of the applicant.

Should you meet the above requirements, please complete and return the attached application with your check or money order in the amount of \$75.00, payable to the State of New Jersey. Please note that your application will not be accepted without the required \$75.00 application fee.

Please be advised that false information, if proven at any time, may subject applicant to revocation of license. If there are any questions, please contact the Board at 973-504-6385.

Very truly yours,
New Jersey State Board of Architects



Charles F. Kirk
Acting Executive Director



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Licensure by Credentials Application Checklist

Dear Applicant:

Please reference the following checklist items to ensure the Board receives all required documents. The Board's statutes and regulations may be viewed at: <https://www.njconsumeraffairs.gov/arch/Pages/regulations.aspx>.

Application-completed and notarized.

- ☐ Application fee of \$75.00, payable by check or money order.
- ☐ Attach a 2x2 clear color passport-style photograph taken within the last six months (no selfies or scanned photos).
- ☐ Send additional/supporting documents if you answered 'Yes' to any of the questions #6 through #15 of the application.
- ☐ Applicants applying DIRECT- At the request of the applicant college transcripts must be sent directly from the college(s) to this office. If transcript is under maiden name, it is the applicant's responsibility to contact the State Board of Architects and notify the staff in order to properly match your records.
- ☐ Applicants applying DIRECT- At the request of the applicant a letter of certification sent directly from your base state to this office; stating how your license was obtained, by what examination and the grades received.
- ☐ Applicants applying DIRECT- Work references from three (3) architects who are personally acquainted with your professional abilities. The person seeking to practice architecture must provide a list of the names and addresses on the application and the Board will forward the work reference form to the individuals to be completed and returned to the Board.
- ☐ Applicants applying through NCARB- Please contact NCARB and have your file (Blue cover record) forwarded directly to this office, if you have not already done so.

Please contact the Board's Call Center at 973-504-6385 with any questions. You may follow the progress of your application by visiting the Division of Consumer Affairs' website at: www.njconsumeraffairs.gov/ and clicking on "Checking Application Status" under "License & Registration." Please follow the directions to create an account, including a user name and password.

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Attach a clear, full-face passport-style photograph (2"x 2") of your head and shoulders, taken within the past six months.

A photograph is required with each application.

Do not use staples to attach the photograph.



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FOR OFFICE USE ONLY

Application number: _____

Application for Registration as an Architect

Date: _____

A nonrefundable Architect Registration Examination application filing fee of \$50 in the form of a check or money order made out to the State of New Jersey, must be submitted with this application. (Applicants should understand that if the application filing fee is paid with a personal check, and the check is returned by the bank due to insufficient funds, the next step in the licensure or certification process will be delayed until the fee is paid.) If you are registered as a licensed architect in another state or jurisdiction, and you are now seeking **licensure by credentials in New Jersey, you must submit with this application a nonrefundable application filing fee of \$75.**

The Division is precluded by law from disclosing to the public the place of residence of licensees or applicants, without their consent. You are, however, required to provide an address that may be released to the public in our directories or in response to other requests (by putting a check in the appropriate box). If you provide your place of residence as your public address of record, we will assume that you have consented to have that address be disclosed. If you do not consent to the disclosure of your place of residence, you should provide an address of record other than your place of residence that may be released to the public. One of your addresses must include a street, city, state and ZIP code.

Information that you provide on this application may be subject to public disclosure as required by the Open Public Records Act (OPRA).

Please print clearly. You must answer all of the questions on this application.

Personal Information

Date of birth: _____
Month Day Year

Place of birth: _____
City State

1. Name ☐ Mr. ☐ Mrs. ☐ Ms. _____
Last name First name Middle initial Maiden name

2. Address

☐ Home: _____
Street or P.O. Box City State ZIP code County

Telephone number (include area code) E-mail address

☐ Business: _____
Name of company Telephone number (include area code)

Street City State ZIP code County

☐ Mailing: _____
Street or P.O. Box City State ZIP code County

3. Social Security Number

You **must** disclose your Social Security number for the reasons stated below. Failure to do so may result in a denial of licensure or certification or license or certificate renewal.

*Social Security Number: _____ - _____ - _____

*Pursuant to N.J.S.A. 54:50-24 et seq. of the New Jersey taxation law, N.J.S.A. 2A:17-56.44e of the New Jersey Child Support Enforcement Law, Section 1128E(b)(2)A of the Social Security Act and 45 C.F.R. 60.7, 60.8 and 60.9, the Board is required to obtain your Social Security number. Pursuant to these authorities, the Board is also obligated to provide your Social Security number to:

- a. the Director of Taxation to assist in the administration and enforcement of any tax law, including for the purpose of reviewing compliance with State tax law and updating and correcting tax records;
- b. the Probation Division or any other agency responsible for child support enforcement, upon request; and
- c. the National Practitioner Data Bank and the H.I.P. Data Bank, when reporting adverse actions relating to health care professionals.

4. Citizenship / Immigration Status

Federal law limits the issuance or renewal of professional or occupational licenses or certificates to U.S. citizens or qualified aliens. To comply with this federal law, check the appropriate box below which indicates your citizenship/immigration status. If you are not a U.S. citizen, attach a copy of your alien registration card (front and back) or other documentation issued by the office of U.S. Citizenship and Immigration Services (USCIS).

- ☐ U.S. citizen
☐ Alien lawfully admitted for permanent residence in U.S.
☐ Other immigration status

Questions about your immigration status and whether or not it is a qualifying status under federal law should be directed to the USCIS at: 1-800-375-5283.

5. Child Support

Please certify, under penalty of perjury, the following:

- | | | |
|---|------------------------------|-----------------------------|
| a. Do you currently have a child-support obligation? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (1) If "Yes," are you in arrears in payment of said obligation? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (2) If "Yes," does the arrearage match or exceed the total amount payable for the past six months? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| b. Have you failed to provide any court-ordered health insurance coverage during the past six months? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| c. Have you failed to respond to a subpoena relating to either a paternity or child-support proceeding? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| d. Are you the subject of a child-support-related arrest warrant? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

In accordance with N.J.S.A. 2A:17-56.44d, an answer of "Yes" to any of the questions a(1) through d may result in a denial of licensure or certification. Furthermore, any false certification of the above may subject you to a penalty, including, but not limited to, immediate revocation or suspension of your licensure or certification.

Applicant's name (please print)

Applicant's signature

Date

6. Have you ever been summoned; arrested; taken into custody; indicted; tried; charged with; admitted into pre-trial intervention (P.T.I.); or pled guilty to any violation of law, ordinance, felony, misdemeanor or disorderly persons offense, in New Jersey, any other state, the District of Columbia or in any other jurisdiction? (Parking or speeding violations need not be disclosed, but motor vehicle violations such as driving while impaired or intoxicated must be.) ☐ Yes ☐ No
7. Have you ever been convicted of any crime or offense under any circumstances? This includes, but is not limited to, a plea of guilty, non vult, nolo contendere, no contest, or a finding of guilt by a judge or jury. ☐ Yes ☐ No

If "Yes," provide a copy of the judgment of conviction and the release from parole or probation. Please provide a complete explanation. (Attach additional sheets of paper to this application.)

8. Do you currently hold, or have you ever held, a professional license or certificate of **any** kind in New Jersey, any other state, the District of Columbia or in any other jurisdiction? ☐ Yes ☐ No

If "Yes," for each license or certificate held, provide the date(s) held and the number(s). If the license or certificate was issued under a different name, please provide that name. _____

	Last name	First name	Middle initial
Type of license or certificate	Number	State or jurisdiction that issued the license or certificate	Date issued/expired
Type of license or certificate	Number	State or jurisdiction that issued the license or certificate	Date issued/expired
Type of license or certificate	Number	State or jurisdiction that issued the license or certificate	Date issued/expired
Type of license or certificate	Number	State or jurisdiction that issued the license or certificate	Date issued/expired

9. Have you ever been disciplined or denied a professional license or certificate of any kind in New Jersey, any other state, the District of Columbia or in any other jurisdiction? ☐ Yes ☐ No
10. Have you ever had a professional license or certificate of any type suspended, revoked or surrendered in New Jersey, any other state, the District of Columbia or in any other jurisdiction? ☐ Yes ☐ No
11. Has any action (including the assessment of fines or other penalties) ever been taken against your professional practice by any agency or certification board in New Jersey, any other state, the District of Columbia or in any other jurisdiction? ☐ Yes ☐ No
12. Have you ever been named as a defendant in any litigation related to the practice of architecture or other professional practice in New Jersey, any other state, the District of Columbia or in any other jurisdiction? ☐ Yes ☐ No
13. Are you aware of any investigation pending against a professional license or certificate issued to you by a professional board in New Jersey, any other state, the District of Columbia or in any other jurisdiction? ☐ Yes ☐ No
14. Are there any criminal charges now pending against you in New Jersey, any other state, the District of Columbia or in any other jurisdiction? ☐ Yes ☐ No
15. Have you ever been sanctioned by or is any action pending before any employer, association, society, or other professional group related to the practice of architecture or other professional practice in New Jersey, any other state, the District of Columbia or in any other jurisdiction? ☐ Yes ☐ No

If the answer to any of the above questions, numbers 10 through 15, is "Yes," provide a complete explanation of the circumstances leading to the action, and any supporting documentation, on separate sheets of paper.

I hereby apply for registration and licensure to practice architecture by the following method:

- ☐ Written Licensing Examination
- ☐ Licensure by credentials: N.C.A.R.B. Certificate No. _____ State or jurisdiction _____ Registration No. _____
- ☐ Licensure by credentials: N.C.A.R.B. Record File No. _____ State or jurisdiction _____ Registration No. _____
- ☐ Licensure by credentials: Directly through original jurisdiction _____ State or jurisdiction _____ Registration No. _____

- If you have previously applied to another state or jurisdiction for examination or licensure, and have not completed the process for any reason, identify the state or jurisdiction: _____ Application date: _____.
- If your application was rejected, please attach an explanation to this application.

Secondary School

Name of school	Dates of attendance (From – To)	Grades completed
Name of school	Dates of attendance (From – To)	Grades completed
Name of school	Dates of attendance (From – To)	Grades completed

[illegible][illegible]

C. Practical Experience

Provide the employer's full name and the firm's complete and current address. Identify the business or profession. Name your immediate supervisor and provide his or her title and license number. Begin with your most recent experience, including military and other occupations.**	Dates of employment	Total time employed		Check Appropriate Experiences											
	Month and Year	*Part Time	Full Time	Programming Research	Schematic Design	Design Development	Contract Drawings	Specifications and Cost Estimating	Contract Administration	Office Administration	Structural Design	Mech/Elec. Design	Interior, Landscape and Urban Planning	Teaching in Arch. School	Other Experiences
	From	Years	Years												
	To	Months	Months												
	From	Years	Years												
	To	Months	Months												
	From	Years	Years												
	To	Months	Months												
	From	Years	Years												
	To	Months	Months												
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	From	Years	Years												
	To	Months	Months												
	From	Years	Years												
	To	Months	Months												
	From	Years	Years												
	To	Months	Months												
	From	Years	Years												
	To	Months	Months												

* If part-time work is noted, indicate the average number of hours worked per week.

** If "other" kinds of work are noted, describe them on a separate sheet of paper.

D. Public and Community Service

E. Architect References

Name three architects who are personally acquainted with your professional abilities. Please provide a complete address for every architect listed.

Name			
Street address	City	State	ZIP code

Name			
Street address	City	State	ZIP code

Name			
Street address	City	State	ZIP code

F. Professional Status

- ☐ Individual practitioner
- ☐ General partner
- ☐ Limited partner or associate
- ☐ Corporation director
- ☐ Employee
- ☐ Professional service corporation

Firm name	Years (From - To)	
City	State	ZIP code

If you previously have been a principal in an architectural firm, complete the following:

Firm name	Years (From - To)	
City	State	ZIP code

Firm name	Years (From - To)	
City	State	ZIP code

AFFIDAVIT

This affidavit is to be executed by the applicant before a notary public:

State of: _____

County of: _____

} ss.

I, _____, in making this application to the New Jersey State Board of Architects for licensure or certification under the provisions of Title 45 of the General Statutes of New Jersey and the Rules of the New Jersey State Board of Architects, swear (or affirm) that I am the applicant and that all information provided in connection with this application is true to the best of my knowledge and belief. I understand that any omissions, inaccuracies or failure to make full disclosures may be deemed sufficient to deny licensure or certification or to withhold renewal of or suspend or revoke a license or certificate issued by the Board.

I further swear (or affirm) that I have read N.J.S.A. 45:3-1 et seq., together with the Rules and Regulations of the New Jersey State Board of Architects, N.J.A.C. 13:27-1.1 et seq., and fully understand that in receiving licensure or certification from the Board, I bind myself to be governed by them.

Furthermore, I voluntarily consent to a thorough investigation of my present and past employment and other activities for the purpose of verifying my qualifications for licensure or certification. I further authorize all institutions, employers, agencies and all governmental agencies and instrumentalities (local, state, federal or foreign) to release any information, files or records requested by the Board.

Signature of applicant

Sworn and subscribed to before me this _____

day of _____, _____
Month Year

Name of Notary Public (please print)

Signature of Notary Public

Affix Seal Here

For office use only:

Qualifications:

- ☐ Education
- ☐ Experience
- ☐ Examination

Recommendations:

- ☐ Interview
- ☐ Admit Exam
- ☐ Certify

Board Action:

- ☐ Interview
- ☐ Withhold/Deny
- ☐ Certify

Date _____
Date _____
Date _____

Certificate or License No. _____

Granted _____